



# Anaphylaxis Policy & Plan

St. Georges Rd. Primary School

## BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the school.

Adrenaline given through an EpiPen® auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis, and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

The key reference and support for the school regarding anaphylaxis is the [DEECD Anaphylaxis Guidelines](#)

**St Georges Rd Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.**

## INDIVIDUAL ANAPHYLAXIS MANGEMENT PLANS

Note: A template of an individual Anaphylaxis Management Plan can be found in the Anaphylaxis Guidelines for Victorian Schools or the Department's website:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

The Principal or Principal's delegate will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day at the school.

Refer to: [Appendix A: Individual Anaphylaxis Management Plan](#)

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- The name of the person(s) responsible for implementing the strategies;
- Information on where the student's medication will be stored;
- The student's emergency contact details; and An ASCIA Action Plan.



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- The red and blue 'ASCIA Action Plan for Anaphylaxis' found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from:  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx> (a photo of the student will be attached).

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan. The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

Parents have a responsibility to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Auto-injector that is current and not expired for their child.

## PREVENTION STRATEGIES

Risk Minimisation and Prevention Strategies that our School will put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following are:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school (including bus travellers); and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Refer to: Appendix B - Prevention Strategies

## SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

St Georges Road Primary School's Anaphylaxis Management Policy includes procedures for emergency response to anaphylactic reactions. The procedures include the following:

- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located refer to: Appendix D- School Map:
  - in a classroom;
  - in the school yard;
  - in all school buildings and sites including gymnasiums and halls;
  - on school excursions;
  - on school camps; and



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- 
- at special events conducted, organised or attended by the school.
  - Information about the storage and accessibility of Adrenaline Auto-injectors;
  - how communication with School Staff, students and Parents is to occur in accordance with a communications plan.

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
- The principal/ principal's delegate will identify the school staff to be trained based on a risk assessment.
- Appendix C -Annual Risk Management Checklist has been included in this policy to assist the principal and can be downloaded from [DEECD Anaphylaxis Guidelines](#). This Checklist will be completed on an annual basis by Principal Class and First Aid Team.
- Training will be provided to these staff as soon as practicable after the student enrols.
- Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
- The school's Emergency Response Policy and Procedures, First Aid procedures and student's emergency procedures plan (ASClA Action Plan) will be followed in responding to an anaphylactic reaction.

## ADRENALINE AUTO-INJECTORS FOR GENERAL USE

The Principal/ principal's delegate will purchase Adrenaline Auto-injector(s) for General Use (purchased by the School) and as a back-up to those supplied by Parents.

The Principal/ principal's delegate will determine the number of additional Adrenaline Auto-injector(s) required. In doing so, the Principal/ principal's delegate will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Auto-injectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Auto-injectors for General Use in specified locations at the School, including
- in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Auto-injectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.
- the First Aide team will monitor expiry dates of auto-injectors and contact families re replacement.

The General use auto-injectors are located as per Appendix D- School Map.

## COMMUNICATION PLAN

Note: The Anaphylaxis Guidelines provides advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community

The Principal/ principal's delegate will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy. See Appendix E.

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The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Assistant Principal or First Aid officer through an Information sheet.

## **In an Emergency:**

1. All yard duty bags contain a blue card for the teacher to send a child to the office for immediate assistance.
2. All classrooms and learning spaces have a telephone and can dial 208 for emergency assistance.
3. On all outdoor activities within (such as Phys. Ed classes) and outside of the school, staff carry mobile phones to use for emergency assistance, including bus duty.
- 4. The Office will always call an ambulance as soon as possible 000. Staff are to follow the students' individual Anaphylaxis Plan, using the auto-injector provided.**

## **In classrooms and school**

- For special activities staff will consult parents in- advance to develop an alternative food menu or request parents send a meal for the student.
- Parents of other students will be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst at school or at special school events.
- Where a student communicates an allergy (previously unidentified) to a staff member this must be communicated to the Principal who will contact the family and set up an Anaphylaxis process and interim plan.

## **On Excursions-**

- The Principal / Principal's delegate will complete a risk assessment prior to the excursion, following the Annual Risk Management Checklist. First aid/ anaphylaxis trained staff and first kits will accompany all students on excursions. Individual plans and adrenaline auto-injectors for identified students will accompany the student.
- First aid kits will be set up by the trained first aid team prior to leaving on the excursion.

## **On Camps**

- The Principal will complete a risk assessment prior to the camp with the Camp Coordinator and parents, following the Annual Risk Management Checklist.

## **All staff**

- Will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
  - the school's anaphylaxis management policy
  - the causes, symptoms and treatment of anaphylaxis
  - the identities of students diagnosed at risk of anaphylaxis and where their medication is located
  - how to use an auto-adrenaline injecting device
  - the school's first aid and emergency response procedures

Note: An information DVD will be used for this purpose at staff briefings.

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## Appendices :

- A: Individual Anaphylaxis Management Plan including ASCIA Plan
- B: Prevention strategies
- C: Annual Risk Management Checklist
- D: School Map indicating location of ASCIA Plans , Individual Management Plans, auto-injectors
- E: Anaphylaxis Communication Plan

**Evaluation:** This policy will be reviewed as part of the school's four-year review cycle or as required by DEECD Anaphylaxis Guidelines and updates.

This policy was last ratified by School Council in: **May 2017**

*Review:  
May 2020*



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## APPENDIX A: INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

### Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASClA Action Plan for Anaphylaxis) provided by the Parent.			
It is the Parents' responsibility to provide the School with a copy of the student's ASClA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.			
School	St Georges Rd P.S Shepparton 3630	Phone	(03) 58213383
Student	Noor Aber		
DOB	01/09/2011	Year level	Foundation
Severely allergic to:	All Nuts.		
Other health conditions	Asthma and excema.		
Medication at school	Epi Pen and antihistamine.		

#### EMERGENCY CONTACT DETAILS (PARENT)

Name	Hamd A Jabr	Name	Iman Oudah
Relationship	Father	Relationship	Mother
Home phone		Home phone	
Work phone		Work phone	
Mobile	0404 434 499	Mobile	0404 733 565
Address	Unit 2/ 55 St Georges Rd Shepparton 3630	Address	Unit2/ 55 St Georges Rd Shepparton 3630

#### EMERGENCY CONTACT DETAILS (ALTERNATE)

Name	Fahad Albadry	Name	Zaynab Naser
Relationship	Uncle	Relationship	Aunty
Home phone		Home phone	
Work phone		Work phone	
Mobile	0432 033 037	Mobile	0432 206 534
Address		Address	
Medical practitioner contact	Name	Market Place Clinic	

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	Phone	(03) 58222 677
Emergency care to be provided at school		
Storage for Adrenaline Auto-injector (device specific) (EpiPen®/ Anapen®)		

<b>ENVIRONMENT</b>			
To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
<b>Name of environment/area:</b>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<b>Name of environment/area:</b>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<b>Name of environment/area:</b>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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**ascia**

australasian society of clinical immunology and allergy

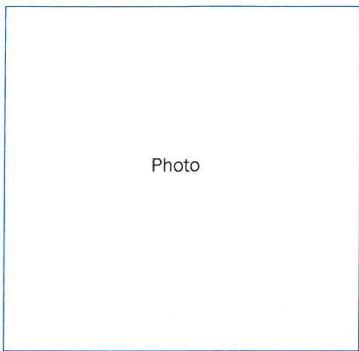
[www.allergy.org.au](http://www.allergy.org.au)

## ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Photo

Confirmed allergens:

Asthma Yes  No

Family/emergency contact name(s):  
\_\_\_\_\_  
\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

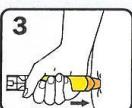
### How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

### ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....  
Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION

- 1 Lay person flat. Do not allow them to stand or walk.  
If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

### If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.  
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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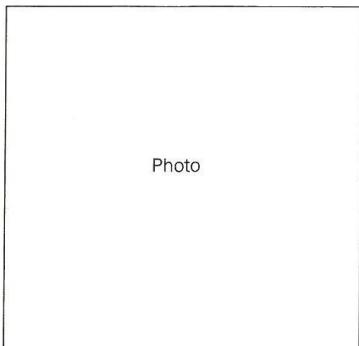


**ascia**  
australasian society of clinical immunology and allergy  
[www.allergy.org.au](http://www.allergy.org.au)

## ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Photo

Confirmed allergens: \_\_\_\_\_

Asthma Yes  No

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### How to give Anapen®



PULL OFF BLACK  
NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP  
from red button.



PLACE NEEDLE END FIRMLY  
against outer mid-thigh at 90°  
angle (with or without clothing).



PRESS RED BUTTON so it  
clicks and hold for 10 seconds.  
REMOVE Anapen® and DO  
NOT touch needle. Massage  
injection site for 10 seconds.

Instructions are also on the device  
label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## For use with Anapen® Adrenaline Autoinjectors

### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

### ACTION

- For insect allergy, **flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....  
Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may  
or may not precede anaphylaxis**

### Watch for any one of the following signs of anaphylaxis

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION

- 1 Lay person flat. Do not allow them to stand or walk.  
If breathing is difficult allow them to sit.
- 2 Give Anapen® 300 or Anapen® 150
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after  
5 minutes (if another adrenaline autoinjector is available)

### If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.  
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

### Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



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This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:

Date:

I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee):

Date:



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## APPENDIX B: PREVENTION STRATEGIES

### **Minimisation of anaphylaxis in Schools**

Section 4.3.1(6)(c) of the Act applies to all Victorian Schools (government, Catholic and independent), and prescribes the circumstances under which a School is required to have a School Anaphylaxis Management Policy containing the matters required by the Order. Under the Order, a School's Policy must include prevention strategies used by the School to minimise the risk of an anaphylactic reaction.

Even where a School is required to have a Policy, it is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: the School (including the Principal and all School Staff), Parents, students and the broader school community.

Although the focus of this Chapter is on strategies for Schools, Parents have important obligations under the Order (and the School's Anaphylaxis Management Policy). These obligations will assist their child's School to manage the risk of anaphylaxis. For example, Parents must:

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
- continue to communicate with School Staff and provide up to date information about their child's medical condition;
- provide the School Staff with an ASCIA Action Plan;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

### **Risk Minimisation and Prevention Strategies**

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Schools should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: [www.allergy.org.au](http://www.allergy.org.au)

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by School Staff when trying to satisfy this duty of care.

Set out below are a range of specific strategies which, as a minimum, should be considered by School Staff, for the purpose of developing prevention strategies for in-school and out-of-school settings. It is recommended that School Staff determine which strategies are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Where

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relevant, it would be prudent to record the reason why a decision was made to exclude a particular strategy listed in these Guidelines.

The selected prevention strategies must be specified in the School Anaphylaxis Management Policy. This includes any other strategies developed by the School Staff but which are not contained in these Guidelines.

### In-school settings

It is recommended that School Staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

Classrooms
1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with Parents about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteens
1. Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: <ul style="list-style-type: none"><li>• 'Safe Food Handling' in the School Policy and Advisory Guide, available at:<a href="http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx">http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx</a></li><li>• Helpful resources for food services:<a href="http://www.allergyfacts.org.au/component/virtuemart/">http://www.allergyfacts.org.au/component/virtuemart/</a></li></ul>
2. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.

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3.	Display the student's name and photo in the canteen as a reminder to School Staff.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard
1. If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. ( <b>Remember that an anaphylactic reaction can occur in as little as a few minutes</b> ).
3. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)
1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff should avoid using food in activities or games, including as rewards.
3. For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.

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- |    |   |
|----|---|
| 4. | Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event. |
| 5. | Party balloons should not be used if any student is allergic to latex.  |

### Out-of-school settings

It is recommended that School Staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

#### Travel to and from School by bus

- |    |  |
|----|--|
| 1. | School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School. |
|----|--|

#### Field trips/excursions/sporting events

- |    |  |
|----|--|
| 1. | If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.  |
| 2. | A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.  |
| 3. | School Staff should avoid using food in activities or games, including as rewards.   |
| 4. | The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.   |
| 5. | For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.<br><br>All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face. |
| 6. | The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).  |
| 7. | Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.  |
| 8. | Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.   |

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### Camps and remote settings

1. Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur.

If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10. Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11. School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13. Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14. Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

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|-----|---|
| 15. | The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.   |
| 16. | The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector. |
| 17. | Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.   |
| 18. | Cooking and art and craft games should not involve the use of known allergens.  |
| 19. | Consider the potential exposure to allergens when consuming food on buses and in cabins.  |

### Overseas travel

- |    |  |
|----|--|
| 1. | Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.   |
| 2. | Investigate the potential risks at all stages of the overseas travel such as: <ul style="list-style-type: none"><li>• travel to and from the airport/port;</li><li>• travel to and from Australia (via aeroplane, ship etc);</li><li>• various accommodation venues;</li><li>• all towns and other locations to be visited;</li><li>• sourcing safe foods at all of these locations; and</li><li>• risks of cross contamination, including –<ul style="list-style-type: none"><li>- exposure to the foods of the other students;</li><li>- hidden allergens in foods;</li><li>- whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and</li><li>- whether the other students will wash their hands when handling food.</li></ul></li></ul> |
| 3. | Assess where each of these risks can be managed using minimisation strategies such as the following: <ul style="list-style-type: none"><li>• translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan;</li><li>• sourcing of safe foods at all stages;</li><li>• obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;</li><li>• obtaining emergency contact details; and</li><li>• sourcing the ability to purchase additional autoinjectors.</li></ul>   |
| 4. | Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.  |

# Anaphylaxis Policy & Plan

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5. Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:
  - there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;
  - there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
  - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
  - staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

# Anaphylaxis Policy & Plan

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## APPENDIX C: ANNUAL RISK MANAGEMENT CHECKLIST

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
<b>General Information</b>		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Anaphylaxis Policy & Plan

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<b>SECTION 1: Individual Anaphylaxis Management Plans</b>	
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times?  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find?  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?  Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Prevention Strategies</b>	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: School Management and Emergency Response</b>	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?  a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gyms and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions? .....	
40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Anaphylaxis Policy & Plan

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e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Communication Plan</b>	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	

# Anaphylaxis Policy & Plan

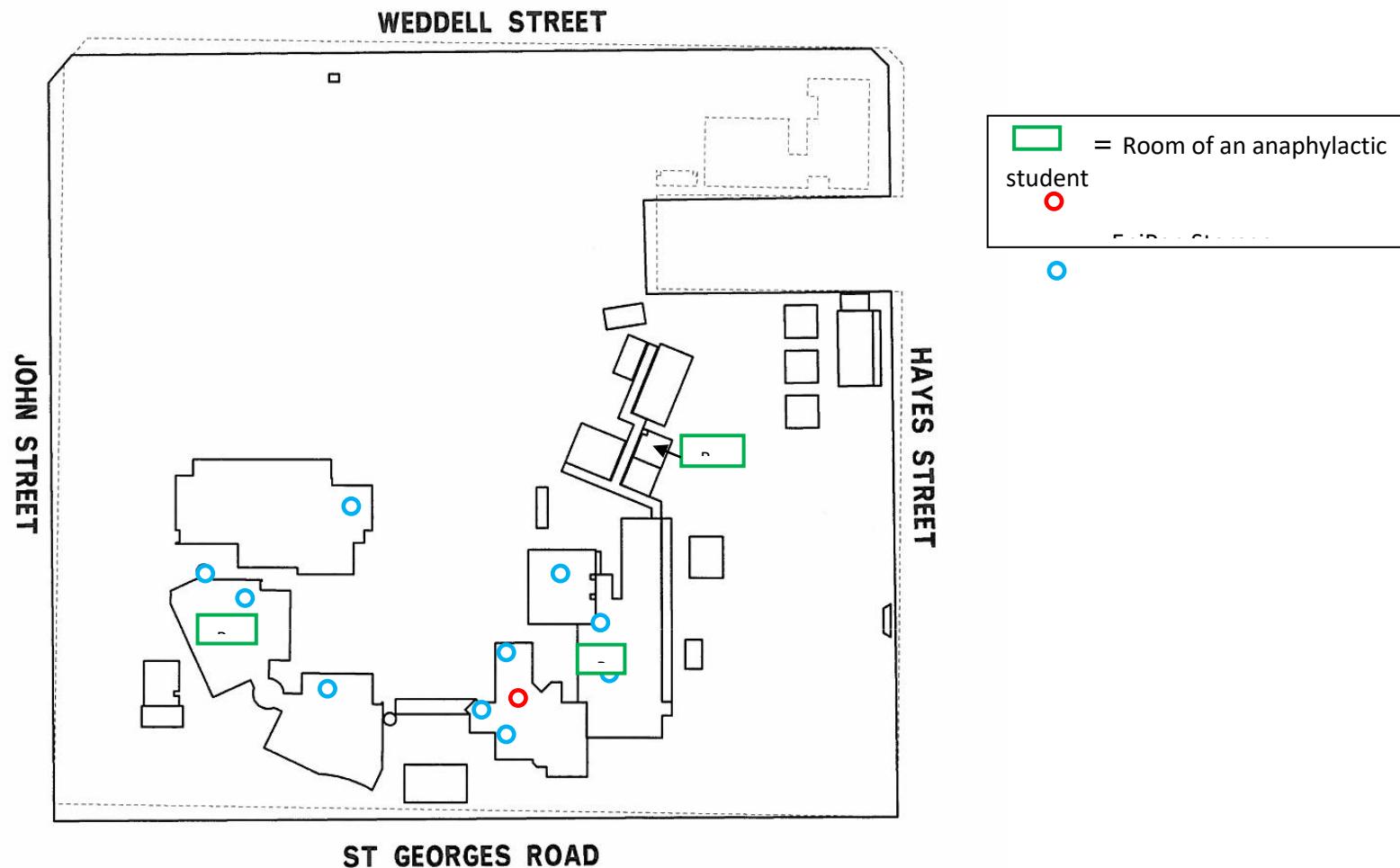
St. Georges Rd. Primary School

APPENDIX D: SCHOOL MAP INDICATING LOCATIONS OF ASCIA PLANS, INDIVIDUAL MANAGEMENT PLANS & AUTO INJECTOR

**ANAPHYLACTIC REACTION - CALL 205 FOR SICK BAY IMMEDIATELY**

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# **Anaphylaxis Policy & Plan**

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## APPENDIX E: ANAPHYLAXIS COMMUNICATION PLAN

***This plan is prepared and will be shared with all staff to ensure all are aware of their responsibilities in managing an anaphylactic reaction of any student.***

### Sharing information with the Staff

- This plan will be emailed to all staff.
- A copy of this plan will be on display in the staffroom alongside photographs of anaphylactic students.
- A copy of this plan will be kept in the classroom near the phone

### Sharing Information with Classmates & Families

- Newsletter articles will be sent home to explain the issues of anaphylaxis and allergens to families to raise awareness.
- All students will be reminded that they are not to share food.
- Classmates will be informed of the plan for students in their classroom and what they may be asked to do in the event of a reaction.
- All classroom teachers will explain the emergency card procedures to students in the event of an emergency in their classroom or playground.

### Sharing Information with the School Community

- General information about Anaphylaxis will be published in the newsletter at least once each semester.
- The Anaphylaxis Policy and Communication Plan will be published on the school website.

### Staff Training

- Staff will participate in a briefing session run by a trained level 2 first aid officer at the beginning of the school year informing them of students at risk of an anaphylactic reaction.
- Staff will be trained in the use of the Auto-adrenaline Injecting Device (AID) early in Term 1 and again during Semester 2.
- New staff members will be provided with Anaphylaxis information as part of their induction.
- All staff will have the opportunity to participate in St John's Ambulance accredited Anaphylaxis training.

### First Aid and Emergency Response Plan

*In the case of a student having a reaction...*

#### Classroom

1. Teacher will phone office on extension 100 for assistance and auto-injector.
2. Teacher will send classmates into the neighbouring buddy classroom.
3. Teacher will stay with student and offer support and comfort.
4. On receipt of phone call :
  - i. Office Staff to phone for ambulance (000) using mobile phone and stipulate that a MICA unit attend and stay on line and deliver phone / transfer call to classroom.
  - ii. Reception Staff member to ensure the Student's Auto-adrenaline Injecting Device (AID) Bag is immediately delivered to the teacher in the classroom,
  - iii. Office Staff informs Principal or Assistant Principal of the reaction
  - iv. Office Staff makes an announcement for First Aid trained staff member to attend the classroom immediately.
  - v. Office Staff to phone Parents/Emergency Contacts of student.
5. Class Teacher to follow Student Anaphylaxis Plan and inject student.
6. First Aid Officer to provide support to teacher and student once they arrive in the classroom and continue communications with Ambulance staff via phone.
7. Principal or Assistant Principal waits for Ambulance and directs to the classroom.
8. Principal or AP to determine who would accompany student in the ambulance if parents aren't available.

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9. Principal or AP provide debrief to classmates once student leaves in the ambulance.
10. Principal or AP provide debrief or time for Class Teacher before returning to the classroom.
11. Principal notifies Emergency Management
12. All staff involved to meet the following day to review procedures and make any necessary adjustments to plan and Critical Incident Policy and Procedures will be followed..

### School Yard

1. Yard Duty Teacher to send a responsible student with Anaphylaxis Card (photo naming student attached to YD bag) to the office.
2. Yard Duty Teacher will send another student to get second Yard Duty Teacher.
3. First Teacher will stay with the student and offer support and comfort without moving student from area.
4. Second Teacher to clear onlookers away from the area.
5. On receipt of Student Card at the Office –
  - i. Office Staff phone for Ambulance (000) and stipulate that a MICA unit attend and stay on line,
  - ii. Reception Staff to send student to First Aid Officer who will ensure the Student's (AID) Bag and mobile phone is immediately delivered by an adult to the location of the student in the yard,
  - iii. Office Staff informs Principal or Assistant Principal of the reaction
  - iv. Reception Staff organises bell to be rung to clear the yard of students.
  - v. Office Staff to phone Parents/Emergency Contacts of student.
6. First Aid Officer (or supervising yard duty teacher) to follow Student Anaphylaxis Plan and inject student.
7. First Aid Office to continue communications with Ambulance staff via phone.
8. Principal or Assistant Principal waits for Ambulance and directs to the student in the playground.
9. Principal or AP to determine who accompanies student in the ambulance if parents aren't available.
10. Principal or AP provide debrief to each class teacher once student leaves in the ambulance.
11. Principal or AP provide debrief or time for Yard Duty Teacher and First Aid Officer before returning to the classroom.
12. Principal notifies Emergency Management.
13. All staff involved to meet the following day to review procedures and make any necessary adjustments to plan.

### Special Event – At Schools including Physical Education Classes

1. Classroom Teacher will have liaised with any staff member in charge of the 'at risk' student and ensure they are aware of the student's Anaphylaxis Plan and has a copy of their Anaphylaxis Identity Card.
2. Teacher will phone office for assistance
3. Teacher to send other students in group to neighbouring group, another teacher or neighbouring classroom.
4. Teacher will stay with student and offer support and comfort.
5. On receipt of Student Card at the Office –
  - i. Office Staff to phone for Ambulance (000) and stipulate that a MICA unit attend and stay on line,
  - ii. Reception Staff member to ensure the Student's Auto-adrenaline Injecting Device (AID) is immediately delivered by an adult to the supervising teacher,
  - iii. Office Staff informs Principal or Assistant Principal of the reaction,
  - iv. Business Manager or Office Staff makes an announcement for First Aid trained staff member to attend the classroom or playground area immediately,
  - v. Office Staff to phone Parents of student.
6. Teacher to follow Student Anaphylactic Plan and inject student.
7. First Aid Officer to provide support to teacher and student once they arrive in the classroom/ Sick Bay and continue communications with Ambulance staff via phone.
8. Principal or Assistant Principal waits for Ambulance and directs to the area where the student is.
9. Principal or AP to determine who would accompany student in the ambulance if parents aren't available.
10. Principal or AP provide debrief to classmates once student leaves in the ambulance.
11. Principal or AP provide debrief or time for Teacher before returning to the classroom.
12. Principal notifies Emergency Management

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13. All staff involved to meet the following day to review procedures and make any necessary adjustments to plan.

### Excursions

The excursion needs to be staffed to ensure teacher/student ratio is maintained in the event of a reaction.

Travel to and from school by bus:

1. In planning the excursion the Principal and staff must develop a first aid procedures plan that nominates clear roles and responsibilities in the event of an anaphylactic reaction. The parent of the student should be given the opportunity to attend. The excursion needs to be staffed to ensure teacher/student ratio is maintained in the event of a reaction.
2. Classroom Teacher (A) and First Aid Officer (F) will have liaised with all staff members to ensure they know the 'at risk' student(s) and are aware of the student's Anaphylaxis Plan and know the location of the Auto-adrenaline Injecting Device (AID) bag on the bus.
3. Driver to stop the bus in a safe location and Staff member (B) to phone Ambulance (000), provide location details and stipulate that a MICA unit attend and then stay on line. Staff member (B) to then hand phone to (A)
4. First Aid Trained staff (F) or parent (P) to position student comfortably, follow Anaphylaxis Plan and administer (AID).
5. (F and P) or (A and F) to then liaise with ambulance staff via mobile phone while waiting for ambulance to arrive.
6. Staff member (C) to move and supervise remaining students out of the way and if necessary have them wait off the bus.
7. Supervising teacher (A) to phone through to school to inform Principal or AP.
8. Principal or AP to phone and notify parents if not attending the excursion.
9. Designated teacher (A) or (F) to accompany student in the ambulance if parents aren't available.
10. Staff members to provide debrief to group once student leaves in the ambulance.
11. Principal notifies Emergency Management.
12. All staff involved to meet the following day to review procedures and make any necessary adjustments to plan.

On location:

1. The parent (P)/First Aid Officer (F) or supervising teacher (A) will carry the student's plan and (AID) during excursion.
2. Staff member (A) to phone for Ambulance (000) and stipulate that a MICA unit attend and stay on line,
3. Designated supervising staff member (A) or parent (P/F) to position student comfortably and administer (AID).
4. Other staff member (B and C) to move and supervise remaining students away from situation. This may involve the continuation of activities if safe to do so.
5. Staff member (B) to phone through to school to inform Principal or AP.
6. Principal or AP to phone and notify parents if not attending the excursion.
7. Designated teacher (A) to accompany student in the ambulance if parents aren't available.
8. Staff member to provide debrief to group once student leaves in the ambulance.
9. Principal notifies Emergency Management.
10. All staff involved to meet the following day to review procedures and make any necessary adjustments to plan.

### School Camps

1. In planning the camp the Principal and staff must develop a first aid procedures plan that nominates clear roles and responsibilities in the event of an anaphylactic reaction. The parent of the student should be given the opportunity to attend. The camp/excursion needs to be staffed to ensure teacher/student ratio is maintained in the event of a reaction.
2. Supervising Staff member (A) to send responsible student to First Aid Officer (F) for student's (AID) bag.
3. Staff member (A) to phone for Ambulance (000) and stipulate that a MICA unit attend and stay on line,
4. First Aid staff member (F) or parent (P) to position student comfortably, follow Anaphylaxis Plan and administer (AID).

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5. Other staff member (B and C) to move and supervise remaining students away from situation. This may involve the continuation of activities if safe to do so.
6. Staff member (B) to phone through to school to inform Principal or AP.
7. Principal or AP to phone and notify parents if not attending the excursion.
8. Designated teacher (A) to accompany student in the ambulance if parents aren't available.
9. Staff member to provide debrief to group once student leaves in the ambulance.
10. Principal notifies Emergency Management.
11. All staff involved to meet the following day to review procedures and make any necessary adjustments to plan.

If an incident occurs: Debriefing for students and staff will occur as per Critical Incident Policy and Procedures.

### **Evaluation:**

This policy will be reviewed as part of the school's three-year review cycle.

This Communication Plan was ratified by School Council in: **May 2020**

*Review:  
May 2020*